

STUDENT MINISTRY INSURANCE FORM FOR ADULTS FOR 2012



- The information below will be used only in case medical attention is needed for you.
- Emergency Contact Information will be requested on Registration Forms signed at the time of each activity.
- You may still participate without insurance.

Name: _____ (please print)	
Birthdate: _____ (mon/day/year)	Phone: _____
Address: _____	
Doctor: _____	Phone: _____

Do you have medical insurance? Yes No If **yes**, please complete the following:

<u>Insurance Information:</u>
Name of Insurance Company: _____ (please print)
Address: _____
Insurance Company Phone #: _____
Policy #: _____ Group #: _____
Card Holder's Name and Date of Birth: _____
Employer of Primary Card Holder : _____
Please attach a copy of your student's insurance card (front & back) to this completed form.

<u>Medical Information</u>
• Allergies _____
• Diagnosed conditions (physical & emotional): _____
• Current Medications being taken: _____
If additional space is needed, please use the back of this form.

<u>By my signature below, I give Shadowbrook Baptist Church and the person in charge permission to seek medical attention for me if I am unable to communicate to medical personnel.</u>
Signature: _____
Date Signed: _____